

07/14/03

ARKANSAS STATE BOARD OF COSMETOLOGY  
101 EAST CAPITOL, SUITE 108  
LITTLE ROCK, ARKANSAS 72201  
(501) 682-2168

**INSTRUCTIONS:** File this application when applying for a new establishment license. **This form and the \$50.00 registration fee** is to be filed approximately two (2) weeks before your opening date. You will receive a letter of authorization, to be posted in the reception area, that will allow you to open and operate said salon until such time it is inspected.

## NEW ESTABLISHMENT REGISTRATION

**Please PRINT using blue or black ink only.** If requested information is not applicable please respond N/A.

### ESTABLISHMENT INFORMATION

<b>1</b>	Establishment Name	<b>2</b>	Telephone Number (     )
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(If a rural route or Post Office Box please provide directions on reverse side.)

<b>3</b>	Address Where Establishment Receives Mail	Suite. #	City	County	State	Zip Code		
<b>4</b>	Physical Address of Establishment	Suite. #	City	County	State	Zip Code		
<b>5</b>	Type of Establishment (CIRCLE ONE)	COSMETOLOGY	MANICURE	ELECTROLOGY	AESTHETICIAN	<b>6</b>	Opening Date	
<b>7</b>	Days Closed (CIRCLE ALL THAT APPLY)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

### OWNER INFORMATION

<b>8</b>	Is the owner a Corporation?	If yes, name of corporation: <b>(also complete items 11 &amp; 13)</b>	If no, is owner licensed?	Id Number	License Number
	YES      NO		YES      NO		

Complete the following information regarding the owner.

<b>9</b>	Last Name	First Name (no nicknames)	Middle Name							
<b>10</b>	SSN	Date of Birth	Gender MALE    FEMALE	Race (Circle One)	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
<b>11</b>	Address Where You Receive Mail	Apt. #	City	County	State	Zip Code				
<b>12</b>	Address Where You Live	Apt. #	City	County	State	Zip Code				
<b>13</b>	Phone (     )									

In signing this application, you are certifying that:

1. The information provided on this form is correct to the best of your knowledge.
2. You are the establishment owner or are authorized to act as the owner's agent.
3. You have read this form, the laws and regulations.
4. You have complied with all laws, rules and regulations governing cosmetological establishments.
5. You will close you r establishment if the Inspector finds the establishment not in compliance with applicable rules and regulations.

Owner's Signature	Today's Date
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**DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY**

ID NUMBER		RECEIPT NUMBER		LICENSE NUMBER		AMOUNT	
AMOUNT		DATE PROCESSED		RECEIPT NUMBER		ISSUED	